

Mental Health Block Grant
(MHBG)

2016-2017
Behavioral Health Assessment and Plan
Preparation Instructions

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Accessing BGAS Help Desk Assistance

If assistance is needed from the BGAS Help Desk, call 1-888-301-2427. Or, when working in BGAS, simply click on the “Support” tab at the top of the screen, and then click on the “Create Support Ticket” tab on the left side of the screen. Fill out the fields in the window that appears, and click “Submit”.

Application Creation Process

Log onto BGAS using the assigned Username and Password.

On the Welcome screen, click the tab labeled “Create a New Block Grant Application” to create the 2016-2017 BH Assessment and Plan.

Next, select the state, then click the 2016-2017 BH Assessment and Plan link in the list of BGAS modules available for creation.

Respond to the question by clicking “Yes”. The 2016-2017 BH Assessment and Plan has now been created

Accessing the BH Assessment and Plan in BGAS

The next screen has several different sections including Urgent Notifications, Related Documents, Recent Activity, Recent News, Related Links, Statutes and Regulations, and a button labeled “View Application”.

Select the "View Application" button to display the state’s current and prior MHBG applications going back to the FFY 2007 application.

Access the application by clicking on the 2016-2017 BH Assessment and Plan link.

The Overview screen will appear. Forms and tables that have yet to be completed will be listed as "In Progress".

Please select and complete all "In Progress" forms and tables.

Planning Periods for Fiscal Tables

The planning periods for tables 1, 2, 3 and 6B is 24 months (State Fiscal Year, for most 7/1/2015-6/30/2017).

Section I: State Information

State Information

Most of the information in this table will be pre-populated. Please check any pre-populated information to ensure that it is accurate, and make changes if needed.

State Profile-- Some of the information in this table now is automatically pulled from the State Profile in BGAS. In order to make changes in a State MHBG DUNS Number, State Agency to be the MHBG Grantee for the Block Grant and/or Contact Person for the MHBG Grantee of the Block Grant, go to the State Profile tab at the top of the screen in BGAS. Click on the Edit buttons to make changes.

Item I. State Agency for the Block Grant

In the State Profile, enter both the name of the responsible agency designated by the Governor as the official grantee and the name of the organizational unit within that agency that administers the block grant.

Item II. Contact Person for the Block Grant

In the State Profile, enter the name and contact information for the person with overall responsibility for the block grant.

Item III. The State Expenditure Period

There is no need for the state to enter anything here, since the Expenditure Period applies to the MHBG Report, not to the BH Assessment and Plan. Each table in BGAS will have the correct dates of the planning period for that particular table.

Item IV. Date Submitted

These items will automatically be filled in by BGAS when the state submits the 2016-2017 BH Assessment and Plan to SAMHSA for review, and when the state submits revisions.

Item V. Contact Person Responsible for Application Submission

Enter the name of the individual to whom SAMHSA should address comments and/or questions concerning the content of the 2016-2017 BH Assessment and Plan.

Chief Executive Officer's Funding Agreements/Certifications (MHBG), Assurances Non Construction Programs, and Certifications

SAMHSA has condensed the funding agreements/certifications/construction programs into one document. On this singular document, each section of statute that relates to the requirements can be accessed by clicking on the links.

This five-page form must be completed, printed out and signed by the Chief Executive Officer or an authorized designee and submitted to SAMHSA for all combined and all MHBG plans. Once signed, an electronic version is to be uploaded to BGAS. There is an additional form for disclosure of lobbying activities that must be completed if the state participates in such activities, which should be completed and uploaded to BGAS.

Current documentation authorizing a designee (designation letter) must be submitted with this form. Any change in the Chief Executive Officer of the state or the position or person to whom such delegation has been authorized will require new documentation.

The following language is recommended for a letter from the Governor delegating signatory authority to another position:

"As the Governor of the State of [name of state], for the duration of my tenure, I delegate authority to the current [state the title of the position, or any one officially acting in this role in the instance of a vacancy, for all transactions required to administer the Substance Abuse and Mental Health Services Administration's (SAMHSA) Mental Health Block Grant (MHBG)]." The letter can combine the MHBG and SABG delegate authority if the delegate is the same individual.

Disclosure of Lobbying Activities

This form must be completed, printed out and signed by the Chief Executive Officer or an authorized designee and submitted to SAMHSA if the grantee has undertaken any lobbying during the most recently completed (prior to submission of this application) state fiscal year. Once signed, an electronic version is to be uploaded to BGAS.

Completion of Form SF-LLL is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate.

Please submit the original signature copy (and 2 additional copies) of the Assurances Non-Construction Programs, Certifications and Funding Agreements, Designation Letter and Disclosure of Lobbying (if applicable) to:

Ms. Virginia Simmons
Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1109
Rockville, MD 20857
(240) 276-1422

Forwarding any paperwork relating to the FY 2016-2017 Application to any other addressee results in processing delays; however, in the event the state or jurisdiction forwards the Application via express/overnight mail, an alternate address is required.

To ensure express/overnight mail delivery, please use the following address:

Ms. Virginia Simmons
Supervisory Grants Management Specialist
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1109
Rockville, MD 20850
(240) 276-1422

Section II: Planning Steps

Step One Narrative

From the guidance:

“Step 1: Assess the strengths and needs of the service system to address the specific populations.”

Provide an overview of the state’s behavioral health prevention, early identification, treatment, and recovery support systems. Describe how the public behavioral health system is currently organized at the state and local levels, differentiating between child and adult systems. This description should include a discussion of the roles of the SSA, the SMHA, and other state agencies with respect to the delivery of behavioral health services. States should also include a description of regional, county, tribal, and local entities that provide behavioral health services or contribute resources that assist in providing the services. The description should also include how these systems address the needs of diverse racial, ethnic, and sexual gender minorities, as well as American Indian/Alaskan Native populations in the states.”

Please include a discussion of the current services system’s attention to the MHBG priority populations:

1. Children with SED
2. Adults with SMI
3. Older Adults with SMI
4. Description of targeted services to individuals with SMI/SED in the rural or homeless populations (as applicable)
(Statute prescribes that “The plan describes the State’s outreach to and services for individuals who are homeless and how community-based services will be provided to individuals residing in rural areas.”)

Step Two Narrative

From the guidance:

“Step 2: Identify the unmet service needs and critical gaps within the current system.”

This step should identify the unmet services needs and critical gaps in the state’s current systems, as well as the data sources used to identify the needs and gaps of the populations relevant to each block grant within the state’s behavioral health system, especially for those required populations described in this document and other populations identified by the state as a priority. This step should also address how the state plans to meet these unmet service needs and gaps.”

Please include a discussion of the current services system’s attention to the MHBG priority populations:

1. Children with SED
2. Adults with SMI
3. Older Adults with SMI

4. Description of targeted services to individuals with SMI/SED in the rural or homeless populations (as applicable)
(Statute states “The plan describes the State’s outreach to and services for individuals who are homeless and how community-based services will be provided to individuals residing in rural areas.”)

“Step 3: Prioritize state planning activities & Step 4: Develop goals, objectives, performance indicators and strategies”

The narrative for steps 3 and 4 are found here, but these steps are a part of completing Table 1, where states are to identify their target populations, priorities for those populations and develop goals, objectives, performance indicators and strategies for the identified priorities.

Please refer back to these instructions when completing Plan Table 1: Priority Area and Annual Performance Indicators.

Quality and Data Collection Readiness Narrative

From the guidance:

“States must answer the questions below to help assess readiness for Client Level Data collection.”

SAMHSA *strongly urges* states to answer this section in order to help assess the readiness for CLD collection.

1. Briefly describe the state’s data collection and reporting system and what level of data can be reported currently (e.g., at the client, program, provider, and/or other levels).
2. Is the state’s current data collection and reporting system specific to substance abuse and/or mental health services clients, or is it part of a larger data system? If the latter, please identify what other types of data are collected and for what populations (e.g., Medicaid, child welfare, etc.).
3. Is the state currently able to collect and report on the draft measures at the individual client level (that is, by client served, but not with client-identifying information)?
4. If not, what changes will the state need to make to be able to collect and report on these measures?

Please indicate areas of technical assistance needed related to this section.

Please answer the questions as it relates to the state’s ability to collect client level data. If technical assistance is needed in this area, please identify so.

Section III: Planning Tables

Table 1 Priority Areas and Annual Performance Indicators

Each step that follows will be repeated for each Priority Area identified. There are two steps when creating a priority.

Step 1: Click on the “Add Priority” button. The next screen looks like this:

The screenshot shows a web browser window with the URL <https://bgas-uat.feisystems.com/Module/BGAS/Applicatio>. The browser's address bar and tabs are visible. The application window has a sidebar on the left with a navigation menu containing items like 'Information', 'Steps', 'Tables', 'Mental Factors and Plan', 'Mental Health', and 'Mental Health'. The main content area is titled 'Table 1 Priority Areas and Annual Performance Indicators'. It contains several input fields and checkboxes. The 'Priority Area:' field is a text box with the placeholder 'Enter a priority area based on the states assessment of the behavioral health system'. The 'Priority Type(s):' section has three checkboxes: 'SAP', 'SAT', and 'MHS', with 'MHS' selected. The 'Population(s):' section has eight checkboxes: 'SMI', 'SED', 'PWWDC', 'PP', 'IVDUs', 'HIV EIS', 'TB', and 'Other', with 'SMI' selected. Below these are two text areas: 'Goal of the Priority Area:' with the placeholder 'Identify a goal: general characterization of what the state plans to accomplish.' and 'Strategies to attain the goal:' with the placeholder 'Identify the state's Strategies to attain the goal (objective) - specific, concrete steps the state will take to meet the stated objective.' At the bottom right of the form are 'Save' and 'Cancel' buttons. The Windows taskbar at the bottom shows the time as 9:20 AM on 5/15/2015.

- ❖ Enter the priority area (based on an unmet service need or critical gap identified during the behavioral health assessment of the state’s system)

For example: Increase the number of SMI consumers who receive supported housing services.

- ❖ Choose the priority type
 - This year there is only one mental health priority type:
 - MHS-Mental Health Services
 - (MHP priority has been removed)

- ❖ Choose the population
 - SMI--Adults with SMI
 - SED--Children with SED
 - Other: If “other” is chosen, please specify what population the priority will target (Refer to section IIIA of the Assessment and plan for other populations)
- ❖ Describe the Goal of the Priority Area - general characterization of what the state plans to accomplish.

For example: To increase supportive housing services to SMI Consumers who are risk of being hospitalized or homeless.

- ❖ Identify the state’s Strategies to attain the goal (objective) - specific, concrete steps the state will take to meet the stated objective.

For example: The SMHA will announce additional RFPs (funding) for supportive housing programs that promote housing stability in community settings, engagement with mental health services, regular access to primary health services, community inclusion, and wellness and recovery.

- ❖ Save the priority. When you save this screen, you will be taken back out to the main screen. You now need to go in and add the indicators.

The screenshot shows the WEBBGAS application interface. The main heading is 'onsin - FY2016-2017 Combined Behavioral Health Assessment and Plan'. The 'Planning Tables' section is active, showing 'Table 1 Priority Areas and Annual Performance Indicators'. A table with one row is displayed, containing a priority area, priority type, and population. The table has columns for '#', 'Priority Area', 'Priority Type', 'Population', and 'Action'. The first row contains the number '1', the text 'Enter a priority area based on the states assessment of the behavioral health system', the priority type 'MHS', the population 'SMI', and action buttons 'Edit', 'Delete', and 'Add Indicator'. The 'Add Indicator' button is highlighted with a blue arrow. The interface also includes a sidebar with navigation links, a top navigation bar, and a footer with copyright information and logos for SAMHSA and the United States Department of Health & Human Services.

#	Priority Area	Priority Type	Population	Action
1	Enter a priority area based on the states assessment of the behavioral health system	MHS	SMI	Edit Delete Add Indicator

Step 2: In the Annual Performance Indicators section, provide the specific information that the state will use to determine (through the annual report) whether or not the intended change has occurred. For each performance indicator, specify the following components:

(a) A baseline measurement

Example: The number of consumers receiving supported housing services in FY2015 was 4792.

(b) A first-year target/outcome measurement (to be achieved by end of SFY 2016)

For most states, this is 06/30/2016.

Example: The number of consumers receiving supported housing services in FY2106 will be 4900

(c) A second-year target/outcome measurement (to be achieved by end of SFY 2017)

For most states, this is 06/30/2017.

Example: The number of consumers receiving supportive housing services in FY2017 will be 5000

(d) Data source

For example: The number of consumers receiving supportive housing services is tracked by the SMHA's QCMR database system.

(e) Description of data

For example: The QCMR database collects quarterly program specific data elements for individually identified consumers who receive services. Currently 46 agencies contracted by the SMHA provide QCMR data for supportive housing services.

(f) Data issues/potential caveats that affect outcome measures

For example: Data Issues/caveats that affect outcome measures: The QCMR database emphasizes program processes and units of services/persons served. Work on consumer outcomes is currently being considered for development in the central office.

Proposals awarded under the current and forthcoming RFPs (to providers) for supportive housing services will be monitored through contract negotiations and database reviews. Failure to reach performance indicator goals by contractors can result in contract contingencies or termination.

A state is accountable for meeting the goals and performance targets established in its plan, and will report on progress/achievement in the future MHBG Reports that apply to this planning period (due December 1, 2016 and December 1, 2017). If a state is unable to achieve its identified goals and objectives, the state must provide a description of corrective actions to be taken to not only meet the first year target, but how it expects to meet the second year target of that particular goal/objective.

Table 2 State Agency Planned Expenditures

NOTE: Table 2 will not look the same in BGAS as it does in the plan. The reason for this is the plan combined both the MHBG table and the SABG table; however, it has remained separate in BGAS. Below are the instructions for MHBG Plans and MHBG Portions of Combined Plans:

Table 2 addresses funds to be expended during the 24-month period of SFY 2016 and SFY 2017. For most states, this is 07/01/2015 through 06/30/2017. Please enter all planned expenditures as it relates to mental health (to include Medicaid, Other Federal, State, Local and Other). The purpose for this is to project how the SMHA will use available funds to provide authorized services for the planning period.

Rows 1-4: These rows are meant for the SABG and have been greyed out in BGAS.

Row 5: Please enter any figures in the appropriate columns for the planned 24-month expenditures for columns C-G. ****(Please note that per statute, MHBG dollars cannot be used for state hospital expenses.)**

Row 6: Other 24 Hour Care

Enter the planned 24-month expenditures for columns B-G.

Row 7: Ambulatory/Community Non-24 Hour Care

Enter the planned 24-month expenditures for columns B-G.

Row 8: Mental Health Primary Prevention

Enter the planned 24-month expenditures for columns B-G.

****(Please note that while a state may use state or other funding for Mental Health Primary prevention, the MHBG funds MUST be directed toward adults with SMI or children with SED.)**

Row 9: Evidence-Based Practices for Early Intervention (5% of the states total MHBG award)

Enter the planned 24-month expenditures for columns B-G.

The amount entered should complement the narrative the state submits in the Environmental Factors and Plan portion of the grant application. Please report any additional dollars that are used to support this effort (for example state funds, or additional MHBG dollars). The 5% set-aside amount is based on the current year's MHBG allocation.

Row 10: Administration

Enter the planned 24-month expenditures for columns B-G.

Instructions for Columns A through G

Column A: Substance Abuse Block Grant

Column B: Mental Health Block Grant

Column C: Medicaid

Base the entries on an estimate of Medicaid funds to be expended on mental health services during SFY 2016 and SFY 2017.

Column D: Other Federal Funds

Base the entries on an estimate of other Federal funds to be expended on mental health services during SFY 2016 and SFY 2017.

Column E: State Funds

Base the entries on an estimate of state funds to be expended on mental health services during SFY 2016 and SFY 2017.

Column F: Local Funds

Base the entries on an estimate of local funds to be expended on mental health services during SFY 2016 and SFY 2017.

Column G: Other

Base the entries on an estimate of other funds to be expended on mental health services during SFY 2016 and SFY 2017.

Table 3 State Agency Planned Block Grant Expenditures by Service

Enter information indicating how MHBG funds will be used to provide services during SFY 2016 and SFY 2017. For most states, this is 07/01/2015 through 06/30/2017.

Use the column headers and rows names as guides. If the state plans to purchase services or activities that are not included in the listed categories, please state them in the last rows of the table (“Other”), and list the categories.

Table 6b: MHBG Non-Direct Service Activities Planned Expenditures

Please enter, under each category, any amount of MHBG dollars the state plans to spend on each of these non-direct service categories.

Section IV: Environmental Factors and Plan

New for the 2016/2017 plan, this section includes a tool for states to enter any areas of TA as it relates to the topics being addressed. In each section, there is now a text box for entering TA needs identified by the state as they analyze their current behavioral health system.

The text box is toward the bottom of the screen, under the box used for uploading a file for each section. Below is an example:

The screenshot displays the BGAS web application interface. At the top, there is a browser window showing the URL <https://bgas-uat.feisystems.com/Module/BGAS/Application/Narr>. Below the browser window, there is a navigation bar with various icons and a search bar. The main content area is titled 'Responses' and contains a section for uploading a file. This section includes a radio button for 'Upload a File' (which is selected), a text input field, a 'Browse...' button, and an 'Upload' button. Below the upload section, there is a table with the following headers: 'File Name', 'Created Date', 'Download', and 'Delete'. At the bottom of the 'Responses' section, there is a text box with the prompt: 'Please use the box below to indicate areas of technical assistance needed related to this section:'. A red arrow points from a text box on the left to this text box. The text box on the left contains the text: 'TA text box, found in BGAS for all topics in section IV'. The bottom of the screenshot shows the Windows taskbar with various application icons and the system clock indicating 3:25 PM on 5/4/2015.

1. The Health Care System and Integration

The following items are a guide that can be used when preparing the description of the healthcare system and integration within the state's system:

1. Which services in Plan Table 3 of the application will be covered by Medicaid or by QHPs as of January 1, 2016?
2. Is there a plan for monitoring whether individuals and families have access to M/SUD services offered through QHPs and Medicaid?
3. Who is responsible for monitoring access to M/SUD services by the QHPs? Briefly describe the monitoring process.
4. Will the SMHA and/or SSA be involved in reviewing any complaints or possible violations or MHPAEA?
5. What specific changes will the state make in consideration of the coverage offered in the state's EHB package?
6. Is the SSA/SMHA involved in the various coordinated care initiatives in the state?
7. Is the SSA/SMHA work with the state's primary care organization or primary care association to enhance relationships between FQHCs, community health centers (CHCs), other primary care practices, and the publicly funded behavioral health providers?
8. Are state behavioral health facilities moving towards addressing nicotine dependence on par with other substance use disorders?
9. What agency/system regularly screens, assesses, and addresses smoking among persons served in the behavioral health system?
10. Indicate tools and strategies used that support efforts to address nicotine cessation.
 - Regular screening with a carbon monoxide (CO) monitor
 - Smoking cessation classes
 - Quit Helplines/Peer supports
 - Others _____
11. The behavioral health providers screen and refer for:
 - Prevention and wellness education;
 - Health risks such as heart disease, hypertension, high cholesterol, and/or diabetes; and,
 - Recovery supports.

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

2. Health Disparities

The following items are a guide that can be used when preparing the description of the state's health disparities system:

1. Does the state track access or enrollment in services, types of services (including language services) received and outcomes by race, ethnicity, gender, LGBT, and age?

2. Describe the state plan to address and reduce disparities in access, service use, and outcomes for the above subpopulations.
3. Are linguistic disparities/language barriers identified, monitored, and addressed?
4. Describe provisions of language assistance services that are made available to clients served in the behavioral health provider system.
5. Is there state support for cultural and linguistic competency training for providers?

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

3. Use of Evidence in Purchasing Decisions

The following items are a guide that can be used when preparing a description of the state's use of evidence in purchasing decisions:

1. Describe the specific staff responsible for tracking and disseminating information regarding evidence-based or promising practices.
2. How is information used regarding evidence-based or promising practices in your purchasing or policy decisions?
3. Are the SMAs and other purchasers educated on what information is used to make purchasing decisions?
4. Does the state use a rigorous evaluation process to assess emerging and promising practices?
5. Which value based purchasing strategies do you use in your state:
 - a. Leadership support, including investment of human and financial resources.
 - b. Use of available and credible data to identify better quality and monitored the impact of quality improvement interventions.
 - c. Use of financial incentives to drive quality.
 - d. Provider involvement in planning value-based purchasing.
 - e. Gained consensus on the use of accurate and reliable measures of quality.
 - f. Quality measures focus on consumer outcomes rather than care processes.
 - g. Development of strategies to educate consumers and empower them to select quality services.
 - h. Creation of a corporate culture that makes quality a priority across the entire state infrastructure.
 - i. The state has an evaluation plan to assess the impact of its purchasing decisions.

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

4. Prevention for Serious Mental Illness

While the MHBG must be directed toward adults with SMI or children with SED, states may want to consider using other funds for emerging practices in this field. Please describe any efforts the state is making to 1) alter the course of an illness; 2) reduce disability; and 3) maximize recovery.

*****It is important to note that while a state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.**

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

5. Evidenced-Based Practices for Early Intervention (5 Percent)

Narrative for this section is required; please consider the following items as a guide when preparing the description of the state's use of evidenced-based practices for early intervention, particularly as it relates to the MHBG 5% set-aside:

1. An updated description of the state's chosen evidence-based practice for early intervention (5% set-aside initiative) which was approved in its 2014 plan.
2. An updated description of the plans implementation status, accomplishments and any changes in the plan.
3. The planned activities for 2016 and 2017, including priorities, objectives, implementation strategies, performance indicators, and baseline measures.
4. A budget showing how the set-aside and additional state or other supported funds, if any, were used for this purpose.
5. The states provision for collecting and reporting data, demonstrating the impact of this initiative.

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

6. Participant Directed Care

Please use the plan instructions as a guide when preparing a description of the state's participant directed care/voucher system.

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

7. Program Integrity

The following items are a guide that can be used when preparing a description of the state's program integrity system:

1. Does the state have a program integrity plan regarding the MHBG funds?

2. Does the state have a specific policy and/or procedure for assuring that the federal program requirements are conveyed to intermediaries and providers?
3. Describe the program integrity activities the state employs for monitoring the appropriate use of block grant funds and oversight practices:
 - a. Budget review;
 - b. Claims/payment adjudication;
 - c. Expenditure report analysis;
 - d. Compliance reviews;
 - e. Client level encounter/use/performance analysis data; and
 - f. Audits.
4. Describe payment methods, used to ensure the disbursement of funds are reasonable and appropriate for the type and quantity of services delivered.
5. Does the state assist providers in adopting practices that promote compliance with program requirements, including quality and safety standards?
6. How does the state ensure block grant funds and state dollars are used for the four purposes?
 The four purposes being referred to here is part of the 2016/2017 application guidance: Block grant funds should be directed toward four purposes: (1) to fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time; (2) to fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance for low-income individuals and that demonstrate success in improving outcomes and/or supporting recovery; (3) for SABG funds, to fund primary prevention: universal, selective, and indicated prevention activities and services for persons not identified as needing treatment; and (4) to collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services and to plan the implementation of new services on a nationwide basis.

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

8. Tribes

Evidence of meaningful consultation with federally recognized tribes where tribal governments or lands are located within the boundaries of the state must be provided in the application(s) for both MHBGs and SABGs.

The following items are a guide that can be used when preparing a description of the state's tribal consultation:

1. Describe how the state has consulted with tribes in the state and how any concerns were addressed in the block grant plan.
2. Describe current activities between the state, tribes and tribal populations.

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

9. Primary Prevention for Substance Abuse (for SABG only)

10. Quality Improvement Plan

In previous block grant applications, SAMHSA asked states to base their administrative operations and service delivery on principles of Continuous Quality Improvement/Total Quality Management (CQI/TQM). These CQI processes should identify and track critical outcomes and performance measures, based on valid and reliable data, consistent with the NBHQF, which will describe the health and functioning of the mental health and addiction systems.

In an attachment to this application, states are asked to submit a CQI plan for FY 2016-FY 2017.

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

11. Trauma

The following items are a guide that can be used when preparing a description of the state's trauma system:

1. Does the state have policies directing providers to screen clients for a personal history of trauma and to connect individuals to trauma-focused therapy?
2. Describe the state's policies that promote the provision of trauma-informed care.
3. How does the state promote the use of evidence-based trauma-specific interventions across the lifespan?
4. Does the state provide trainings to increase capacity of providers to deliver trauma-specific interventions?

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

12. Criminal and Juvenile Justice

The following items are a guide that can be used when preparing a description of the state's criminal and juvenile justice system:

1. Are individuals involved in, or at risk of involvement in, the criminal and juvenile justice system enrolled in Medicaid as a part of coverage expansions?
2. Are screening and services provided prior to adjudication and/or sentencing for individuals with mental and/or substance use disorders?
3. Do the SMHA and SSA coordinate with the criminal and juvenile justice systems with respect to diversion of individuals with mental and/or substance use disorders, behavioral health services provided in correctional facilities and the reentry process for those individuals?

4. Are cross-trainings provided for behavioral health providers and criminal/juvenile justice personnel to increase capacity for working with individuals with behavioral health issues involved in the justice system?

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

13. State Parity Efforts

The following items are a guide that can be used when preparing a description of the state's parity efforts:

1. What fiscal resources are used to develop communication plans to educate and raise awareness about parity?
2. Does the state coordinate across public and private sector entities to increase consumer awareness and understanding about benefits of the law (e.g., impacts on covered benefits, cost sharing, etc.)?
3. Does the state coordinate across public and private sector entities to increase awareness and understanding among health plans and health insurance issuers of the requirements of MHPAEA and related state parity laws and to provide technical assistance as needed?

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

14. Medication Assisted Treatment (for SABG only)

15. Crisis Services

Please use the plan instructions as a guide that can be used when preparing a description of the state's crisis services.

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

16. Recovery

The following items are a guide that can be used when preparing a description of the state's recovery system:

1. Does the state have a plan that includes: the definition of recovery and recovery values, evidence of hiring people in recovery leadership roles, strategies to use person-centered planning and self-direction and participant-directed care, variety of recovery services and supports (i.e., peer support, recovery support coaching, center services, supports for self-directed care, peer navigators, consumer/family education, etc.)?
2. How are treatment and recovery support services coordinated for any individual served by block grant funds?
3. Does the state's plan include peer-delivered services designed to meet the needs of specific populations, such as veterans and military families, people with a history of trauma, members of racial/ethnic groups, LGBT populations, and families/significant others?
4. Does the state provide or support training for the professional workforce on recovery principles and recovery-oriented practice and systems, including the role of peer providers in the continuum of services? Does the state have an accreditation program, certification program, or standards for peer-run services?
5. Does the state conduct empirical research on recovery supports/services identification and dissemination of best practices in recovery supports/services or other innovative and exemplary activities that support the implementation of recovery-oriented approaches, and services within the state's behavioral health system?
6. Describe how individuals in recovery and family members are involved in the planning, delivery, and evaluation of behavioral health services (e.g., meetings to address concerns of individuals and families, opportunities for individuals and families to be proactive in treatment and recovery planning).
7. Does the state support, strengthen, and expand recovery organizations, family peer advocacy, self-help programs, support networks, and recovery-oriented services?
8. Provide an update of how you are tracking or measuring the impact of your consumer outreach activities.
9. Describe efforts to promote the wellness of individuals served including tobacco cessation, obesity, and other co-morbid health conditions.
10. Does the state have a plan, or is it developing a plan, to address the housing needs of persons served so that they are not served in settings more restrictive than necessary and are incorporated into a supportive community?
11. Describe how the state is supporting the employment and educational needs of individuals served.

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

17. Community Living and the Implementation of Olmstead

Please submit a copy of the states Olmstead Plan, or use the following items as a guide for describing how the state is addressing community living and the implementation of Olmstead:

1. Describe the state's Olmstead plan including housing services provided, home and community based services provided through Medicaid, peer support services, and employment services.
2. How are individuals transitioned from hospital to community settings?
3. What efforts are occurring in the state or being planned to address the ADA community integration mandate required by the Olmstead Decision of 1999?
4. Describe any litigation or settlement agreement with DOJ regarding community integration for children with SED or adults with SMI in which the state is involved?
5. Is the state involved in a partnership with other state agencies to address community integration?

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

18. Children and Adolescents Behavioral Health Services

The following items are a guide that can be used when preparing a description of the state's children and adolescent behavioral health services:

1. How will the state establish and monitor a system of care approach to support the recovery and resilience of children and youth with serious mental and substance use disorders?
2. What guidelines have and/or will the state establish for individualized care planning for children/youth with serious mental, substance use, and co-occurring disorders?
3. How has the state established collaboration with other child- and youth-serving agencies in the state to address behavioral health needs (e.g., child welfare, juvenile justice, education, etc.)?
4. How will the state provide training in evidence-based mental and substance abuse prevention, treatment and recovery services for children/adolescents and their families?
5. How will the state monitor and track service utilization, costs and outcomes for children and youth with mental, substance use and co-occurring disorders?
6. Has the state identified a liaison for children to assist schools in assuring identified children are connected with available mental health and/or substance abuse treatment and recovery support services? If so, what is that position (with contact information) and has it been communicated to the state's lead agency of education?
7. What age is considered the cut-off in the state for receiving behavioral health services in the child/adolescent system? Describe the process for transitioning children/adolescents receiving services to the adult behavioral health system, including transition plans in place for youth in foster care.

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

19. Pregnant Women and Women with Dependent Children (for SABG only)

20. Suicide Prevention

In the FY 2016/2017 block grant application, SAMHSA asks states to:

1. Provide the most recent copy of your state's suicide prevention plan; describe when your state will create or update your plan, and how that update will incorporate recommendations from the revised National Strategy for Suicide Prevention (2012).
2. Describe how the state's plan specifically addresses populations for which the block grant dollars are required to be used (SMI/SED population).
3. Include a new plan (as an attachment to the block grant Application) that delineates the progress of the state suicide plan since the FY 2014-2015 Plan. Please follow the format outlined in the new SAMHSA document Guidance for State Suicide Prevention Leadership and Plans.

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

21. Support of State Partners

The following items are a guide that can be used when preparing a description of the state's partnerships:

1. Identify any existing partners and describe how the partners will support the state in implementing the priorities identified in the planning process.
2. Attach any letters of support indicating agreement with the description of roles and collaboration with the SSA/SMHA, including the state education authorities, the SMAs, entity(ies) responsible for health insurance and the health information Marketplace, adult and juvenile correctional authority(ies), public health authority (including the maternal and child health agency), and child welfare agency, etc.

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

22. State Behavioral Health Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application

Statute requires that as a condition of the funding agreement for the grant (this applies to the SABG and the MHBG) states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA. Please describe the steps the state took to make the public aware of the plan and allow for public comment.

Additionally, for the MHBG's planning council and/or integrated BHPC, States must include documentation that they shared their application and implementation report with the Planning Council;

SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

Please consider the following items as a guide when preparing the description of the state's system:

1. How was the Council actively involved in the state plan? Attach supporting documentation (e.g., meeting minutes, letters of support, etc.).
2. What mechanism does the state use to plan and implement substance abuse services?
3. Has the Council successfully integrated substance abuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work?
4. Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?
5. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families and other important stakeholders, and how it has advocated for individuals with SMI or SED.

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

Behavioral Health Advisory Council Members

Please complete this form listing the Council members for the state with a description for each member of the council. There are strict state Council membership guidelines. States must demonstrate (1) that the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council and (2) that no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

****Additionally, there are specific agency representation requirements for the State representatives. They are: State Education Agency, State Vocational Rehabilitation Agency, State Criminal Justice Agency, State Housing Agency, State Social Services Agency, and State Health (MH) Agency.**

SAMHSA strongly encourages the following agency representation: State Medicaid Agency, State Marketplace Agency, State Child Welfare Agency, State Agency on Aging.

Behavioral Health Council Composition by Member Type

Please complete this form with the Council membership by type.

There are strict state Council membership guidelines as prescribed by statute. States must demonstrate (1) that the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council and (2) that no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

****Please address in the footnotes if/how the Council has integrated substance abuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work. States must address how the Planning Council participated in the 2015 application. Please provide a narrative describing how the Behavioral Health Advisory Council was involved in developing the 2015 State Block Grant Application.**

****Additionally, if there are any vacancies the State is requested to identify the vacancies on the form (for both types of memberships: State Agencies and Individuals in Recovery, Family Members, and Others) and note what positions are vacant in the footnotes.**

Using the TA text box provided in BGAS, please indicate areas of technical assistance needed as it relates to this section.

Submitting the BH Assessment and Plan

The FFY 2016-2017 BH Assessment and Plan is due Tuesday, September 1, 2015 for states that submit MH only or MH and SA combined applications

***Once all narratives and tables are marked “Complete”, the following TWO steps are required to submit the BH Assessment and Plan to SAMHSA:

1. Click the tab “State Supervisor Review” on the left side of the screen, and then click the “State Supervisor Review” button that appears. This step allows the completed document to be reviewed internally by the state before submission to the Substance Abuse and Mental Health Services Administration (SAMHSA).
2. Once the internal State Mental Health Authority (SMHA) review is complete, click the tab “Submit to SAMHSA” on the left side of the screen. Next click the “Submit to SAMHSA” button that appears. At this point, the 2016-2017 BH Assessment and Plan has been submitted to SAMHSA and will be reviewed by the Project Officer. When this happens, the state will receive an email confirming that the 2016-2017 BH Assessment and Plan has been submitted and the header of the application will show the Submitted status below the state’s name, and the left Menu will now have a tab that says “SAMHSA Review” (indicating it is with SAMHSA for review).